

to him the nature of the affection; and upon his informing him that it was very much in his way, and was a very serious inconvenience to him in his daily labour, which was that of a mason, although he wore a suspensory bandage—and that he wished very much to marry, but could not get his consent so long as he had this uncomely appendage—and, finally, as it had evidently affected his morale, an operation was advised. “I explained to him the nature of the operation (for he was very intelligent) and the risks he had to run. He decided on being operated upon the following morning, and insisted that it should be done immediately. With the kind and efficient aid of Drs. Rossignol, Mackie, and Barry, I operated upon the 24th. The process I adopted was that of M. Ricord. The bundle of varicose veins was separated from the cord, and a needle, armed with a double ligature, was passed under the veins—a second needle, armed in like manner, was passed above the bundle of veins, through the same cutaneous openings as the first. This was done by letting the veins slip through the fingers, and making the second needle enter the opening of exit of the first, and pass out at the point of entrance made by the first needle. This left a free extremity of one ligature and a loop of the other upon each side. The free ends were passed successively through the loops, and drawn upon. This, of course, formed a subcutaneous ligature of the veins, without including a particle of skin. The free ends were then secured upon small pieces of gum catheter, which completed the operation.

“The pain induced by drawing the ligatures around the bundle of veins, lasted some fifteen or twenty minutes, when it passed away, and the patient suffered none afterwards, save a little soreness, which supervened upon the inflammatory action, set up to obliterate the vein.

“Dr. Mackie, who had the kindness to attend him during my temporary absence from town, informed me that he had little or no fever during the continuance of the ligature. About six days after the operation I saw him, at which time he had no fever, but the tunica vaginalis of the left side was largely distended with a serous effusion; but little tenderness of the part. We ordered the application of tinct. iodine, which removed the serum in three or four days. Owing to my absence, the ligatures were not removed until the eighteenth day. They could have been removed on the eleventh or twelfth day. During the whole of this time he was kept in bed. When I called to remove the ligature, the patient informed me that he had had, for some days past, venereal desires—the first for a long time. He was much more cheerful than before, and very grateful. The ligatures were removed without pain, which is one of the beauties of this operation. There was a large lump at the point at which the ligatures had been applied, probably the effusion of coagulable lymph, which blocked up the veins; below this point the veins were empty and felt like mere cords. He was ordered to wear a suspensory bandage for at least a month.

“I heard from him a short time since, when he said he felt better than he ever had, and could labour with much more ease to himself, than previously to the operation.”

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*Efficacy of Cod-Liver Oil in Consumption.*—Prof. Wood remarked to the College of Physicians of Philadelphia that he had looked to the obituary tables accompanying, from year to year, the reports on meteorology and epidemics, with deep interest, in reference to an important therapeutical question—the efficacy of the cod-liver oil in the treatment of pulmonary consumption. The oil has been almost universally employed in this disease; and, during the first years after its introduction, a most striking effect was observed—the number of deaths from consumption diminishing surprisingly. Now, there appeared to be no other cause to which this diminution of deaths could be attributed, excepting the use of cod-liver oil. Still, Dr. Wood had been fearful of attributing too much to the influence of this agent, inasmuch as it was known to have the effect of postponing the fatal event—of prolonging without eradicating the disease—and hence, might cause the mortality from consumption to be thrown into future years. Dr. Wood had looked with some solicitude to the report for the past year, for a solution of this question; and he was happy to find the augmentation in the deaths from consumption, in 1853, no greater than in

licated by the report. This speaks very favourably for the remedial powers of cod-liver oil. There was to be anticipated an increase in the mortality from consumption during the past year, as the postponed mortality of the disease in former years would be thrown upon this. Hence, from a decrease in the proportion of deaths from consumption, since the period when it used to be between a sixth and a seventh of the whole mortality, we have a right to infer that we have gained something from the use of the oil in that disease; probably that we have cured by it one in every eight cases, with the anticipation of a still larger proportion hereafter.—*Summary of Trans. Coll. Phys. Philad.* vol. ii. N. S.; No. 4.

*Lead Diseases treated by the Iodide of Potassium.* Dr. H. S. SWIFT states (*New York Medical Times*, Feb. 1854) that the treatment of saturnine poisoning by iodide of potassium, has been tried in the New York Hospital in 23 cases, and with highly satisfactory results. "In 13 instances the urine was submitted to chemical analysis, and the investigation has established the fact that the lead may be eliminated from the system by the iodide of potassium, and found in the urine. In no case was the lead detected before the administration of the remedy. The chemical analyses were made by Prof. Outram, and the results of his experiments are perfectly reliable.

"All the patients began to improve rapidly after this treatment was adopted, though they had previously resisted the ordinary means. No bad effects resulted from the long-continued use of the remedy. In two cases, as M. Melsens suggests may occur, the symptoms were at first slightly aggravated—one of them was profusely salivated while under treatment, and the other slightly so. One patient also suffered from coryza and gastric disturbance for a few days; but the treatment was only suspended for a short time. One patient was under the influence of the iodide of potassium for six months, one for five and a half, and another for four months.

"In case 6, the urine was examined shortly after the treatment was commenced, and merely a trace of lead was detected. The quantity sensibly increased, until it was clearly shown both in the urine and saliva; and as the patient convalesced, it disappeared entirely, and the iodide of potassium was found abundantly in the saliva. In case 5, we did not suspect the existence of lead-poisoning until after the patient had been put upon treatment for constitutional syphilis. While under this treatment, a well-defined 'blue line' appeared upon the gums. The urine was then examined, and found to contain lead.

"Of the twenty-three cases treated by the iodide of potassium, sixteen have been discharged cured, and three so far relieved as to be able to resume their ordinary duties; four are still under treatment, and are gradually improving. Thirteen of the patients suffered from lead colic, complicated with neuralgia, arthralgia, &c., four had paralysis of the wrists, and in six the paralysis was general."

*Membranous Croup successfully treated by Iodide of Potassium.*—Dr. J. D. GRISCOM related to the Philadelphia College of Physicians (Feb. 1854) the following case:—

An intelligent boy two and a half years old, had been somewhat hoarse for several days, when symptoms of dyspnoea supervened, and Dr. G. was requested to see him. He found him with a pulse somewhat quickened, an anxious expression of countenance, a *suppressed, suffocative* cough, and a laboured respiration—noisy, but not resonant. During twenty-four hours these symptoms all slowly but steadily augmented, and left no doubt in the mind of Dr. G. that the little patient was passing through the incipient stage of membranous croup. Leeches, sinapisms, warm baths, and emetics (ipecac. and alum), had failed to give more than temporary relief. In looking over the resources of our art for a means of modifying the disposition to pseudo-membranous deposit in the larynx, iodide of potassium, the use of which, although without precedent in this disease, as far as Dr. G. was aware, was selected, and administered in doses of two and a half grains every three hours.